RECEIVED CENTRAL FAX CENTER

AUG 2 2 2005

APPLICATION DATA SHEET

Application Information

Application Type::

Regular

Title::

Apparatus for Treatment of Spinal Disorders

Attorney Docket Number::

S-9-2

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

51

Small Entity?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Jean

Family Name::

Woloszko

City of Residence::

Mountain View 1

Country of Residence::

USA

Street of mailing address::

1694 Columbia Drive

City of mailing address::

Mountain View

State or Province of

mailing address::

California

Country of mailing address::

USA

Postal or Zip Code of

mailing address::

94085

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name:: Theodore C.

Family Name:: Ormsby

City of Residence:: Escondido

Country of Residence:: USA

Street of mailing address:: 1354 Emeraude Glen

City of mailing address:: Escondido

State or Province of

mailing address:: California

Country of mailing address:: USA

Postal or Zip Code of

mailing address:: 92029

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John J.

Family Name:: Quackenbush

City of Residence:: Santa Clara

Country of Residence:: USA

Street of mailing address:: 2441 Austin Place

City of mailing address:: Santa Clara

State or Province of

mailing address:: California

Country of mailing address:: USA

Postal or Zip Code of

mailing address:: 95050

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Family Name:: Martini

City of Residence::

Menlo Park

Country of Residence::

USA

Street of mailing address::

25 Harrison Way

City of mailing address::

Menlo Park

State or Province of

mailing address::

California

Country of mailing address::

USA

Postal or Zip Code of

mailing address::

94025

Correspondence Information

Correspondence Customer Number::

021394

Name::

ArthroCare Corporation

Street of mailing address::

680 Vaqueros Avenue

City of mailing address::

Sunnyvale

State or Province of mailing

address::

CA

Country of mailing address::

USA

Postal or Zip Code of mailing address:: 94085-3523

Phone number:: Fax Number::

(408) 736-0224

(408) 530-9143

E-Mail address::

rbatt@arthrocare.com

Representative Information

Representative Customer Number::

021394

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-provisional of	60/224,107	August 9, 2000

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

ArthroCare Corporation

Street of mailing address::

111 Congress Avenue Suite 510

City of mailing address::

Austin

State or Province of

mailing address::

Texas

Postal or Zip Code of

mailing address::

78701